

PTO/SB/17 (10-08)
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	Complete if Known											
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Application Number 1		10/589,444-Conf. #7046						
FEE TRANSMITTAL				Filing Date /		August 11, 2006						
						Yangbo Lin						
	1011120	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Examiner Name		A. P. Cattunga	1					
Applicant	claims small entity stat	us. See 37 CFR 1.2	7	Art Unit		2419	 					
TOTAL AMOUNT	Attorney Docket No. 21370/0212759-US0											
METHOD OF	PAYMENT (check	all that apply)										
Check Credit Card Money Order None Other (please identify):												
x Deposit Account Deposit Account Number: 04-0100 Deposit Account Name: Darby & Darby P.C.												
For the a	above-identified depo	sit account, the D	irector is	hereby authorize	ed to: (che	ck all that apply)						
x Ch	arge fee(s) indicated	l below		Charge	e fee(s) in	dicated below, ex	xcept for ti	ne filing fee				
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17												
FEE CALCUL	ATION											
1. BASIC FILING	G, SEARCH, AND E	XAMINATION FEI	ES									
	FI		SE		EXAMI							
Application Ty	pe Fee (\$		Fee (\$		Fee (\$)		Fees F	Paid (\$)				
Utility	330	165	540	270	220	110						
Design	220	110	100	50	140	70						
Plant	220	110	330	165	170	85						
Reissue	330	165	540	270	650	325						
Provisional	220	110	0	0	0	0						
2. EXCESS CLA	IM FEES		_	_	_	-		Small Entity				
Fee Description							Fee (\$)	Fee (\$)				
Each claim over	20 (including Reiss			52	26							
		uding Reissues)				220	110					
Multiple depend	lent claims						390	195				
Total Claims	ee Paid (\$)	<u> </u>	fultiple Depend	ent Claims	į							
1	20 or HP	x =			<u>F</u>	ee (\$)	Fee Paid (\$	<u>5)</u>				
Indep. Claims	•	. •	F	ee Paid (\$)				_				
	3 or HP =	_ x =										
HP = highest numb	per of independent claims	paid for, if greater tha	n 3.									
3. APPLICATIO												
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					or small e	entity) for each a	dditional 5	U				
				• • •	tion thous	of Eco.(\$)	Foo	Paid (\$)				
4. OTHER FEE				(locale up to a wile	ne number,	^	Fees	Paid (\$)				
	•) fee (no small en	tity disc	ount)			1 003	. a.a. jw/				
Other (e.g., late filing surcharge). 1252 Extension for response within second month 490.00												
1801 Request for continued examination (RCE) (see 37 810.00								10.00				
SUBMITTED BY		FOR TY 2009 ISSUED STATES AND ST										
Signature	mel 9	Dr			26,272	Telephone	(212) 52	7-7700				
Name (Print/Type)	Melvin C. Garner					Date [December	28, 2009				



AMEN	Docket No. 21370/0212759-US						
Application 10/589,444-Co		Filing I August 1		Examiner A. P. Cattung	al	Art Unit	
pplicant(s): Yan	gbo Lin						
nvention: METHC	DD FOR REAL	IZING METER	ING PULSE	IN NGN			
		THE COMMI					
Transmitted herev The fee has been							
			S AS AMENI				
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate			
Total Claims	6	- 20 =		X			
Independent Claims	1	- 3 =		X			
Multiple Depend	ent Claims (che	eck if applicabl	e)				
Other fee (pleas	e specify): F	extension for res Request for cont CFR 1.114)	ponse within sinued examina	econd month; tion (RCE) (see 37		1,300.00	
TOTAL ADDITI	ONAL FEE FO	OR THIS AME	NDMENT:			1,300.00	
X Please charged A check in the Payment by X The Director	ne amount of \$ credit card. For	ount No	to cover is attached.	n the amount of \$_the filing fee is end	losed.).00 . I-0100	
	l below. A dup	• •	this sheet is e	enclosed.			
=	ny overpaymer iny additional fili		n processing t	fees required under	37 CFR 1.	16 and 1.17.	
Melvin C. Garne Attorney/Agent		 272		Dated:[December	28, 2009	
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